

8249

FILL OUT ALL BLANKS
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
		BUREAU OF VITAL STATISTICS	State-Index No. <u>57</u>
County <u>Cochise</u>	District <u>Lee Station</u>	County Registered No. <u>438</u>	
Town _____	Or City _____	Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Ranch N.E. of Douglas</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Hilery M. Wells</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	DATE OF DEATH <u>Oct 21</u> , 191 <u>2</u> (Month) (Day) (Year)	
SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>		I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h. _____ alive on _____ 191____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>a gun shot wound</u> <u>self inflicted with suicidal intent.</u>	
DATE OF BIRTH _____ 191____ (Month) (Day) (Year)			
AGE <u>74</u> yrs. _____ mos. _____ days _____ hrs., or _____ min. If less than 1 day _____			
OCCUPATION (a) Trade, profession or particular kind of work <u>Rancher</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			
BIRTHPLACE (State or country) <u>Texas</u>		(Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Wells</u>	Was disease contracted in Arizona? _____	
	BIRTHPLACE OF FATHER (State or country) <u>Texas</u>	If not, where? _____	
	MAIDEN NAME OF MOTHER <u>unknown</u>	CONTRIBUTORY _____	
	BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>	(Duration) _____ yrs. _____ mos. _____ days	
The Above Is True to the Best of My Knowledge (Informant) <u>Ed. Wells</u> (Address) <u>Douglas</u>		(Signed) <u>Wm. Ralph Corcoran</u> <u>Oct 22</u> 191 <u>2</u> . (Address) <u>Pattonville Ariz.</u>	
PLACE OF BURIAL OR REMOVAL <u>Ranch</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
DATE OF BURIAL OR REMOVAL <u>Oct 23</u> , 191 <u>2</u>		LENGTH OF RESIDENCE	
ADDRESS <u>Douglas</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
UNDERTAKER <u>Chas. P.</u>		Former or Usual Residence _____	
		Filed <u>10/24/1912</u>	
		Filed <u>11/9</u> 191 <u>2</u>	
		Local Registrar. <u>W. B. Dwyer</u>	
		County Registrar. _____	